



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION TXD008692793

A. SITE NAME Dow Chemical Co. - Plant B		B. STREET (or other identifier) P. O. Drawer K	
C. CITY Freeport	D. STATE TX	E. ZIP CODE 77541	F. COUNTY NAME Brazoria
G. OWNER/OPERATOR (if known) 1. NAME same		2. TELEPHONE NUMBER 713-238-2475	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION (4) Landfills, ponds, incinerators			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) state files			K. DATE IDENTIFIED (mo., day, & yr.) 4/22/80
L. PRINCIPAL STATE CONTACT 1. NAME Tom Kearns		2. TELEPHONE NUMBER 713-479-5981	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: May 1980 b. WILL BE PERFORMED BY: Tom Kearns - TDWR <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME Tom Kearns 2. TELEPHONE NUMBER 713-479-5981 3. DATE (mo., day, & yr.) 3/12/80		

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): see bottom of page four	
C. AREA OF SITE (in acres) 200	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Chemical process units nearby.	

SUPERFUND FILE

DEC 30 1992

REORGANIZED

CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and describe each activity by marking 'X' in appropriate boxes.

X' A. TRANSPORTER	X' B. STORER	X' C. TREATER	XX D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	XX 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	XX 4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	XX 6. BIOLOGICAL TREATMENT	XX 6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☒ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

yes

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT, PIGMENTS	XX (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	XX (2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
Poly chlorinated sludges			(6) CYANIDE	XX (6) OTHER (specify):	Plant trash
Magnesium cell sludge			(7) PHENOLS		
			XX (8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

WASTE RELATED INFORMATION (cont.)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Chlorinated hydrocarbons

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify): see site description page attached				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☒ 1. NPDES PERMIT ☒ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): 30106
☒ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify):

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Annual inspection	9/20/79	TDWR	

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

28121	28410
28132	28651
28194	28691
28213	28692
28220	28694
28330	28730
28410	28790
28651	02899
28690	29110
28730	

SITE DESCRIPTION

Make additional comments or narrative description of situation known or reported to exist at the site based on file review. Include dates and description of any incidents documented in file.

The company began closing the Twelve Ponds containing chlorinated hydrocarbons in 1973. To date, all but two have been covered and closed. The chlorinated material was incinerated in the thermal oxidation unit.

A Sept. 17, 1979 IOM indicated the possibility of an unpermitted discharge from the B-1 site containing high chlorides. A similar possibility was raised in an Oct. 6, 1977 IOM and again on Aug. 25, 1977.

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding
number on form

Additional Remark and/or Explanation

III.B.

Sic Codes:

2812-chlorine, sodium hydroxide, 2813 acetylene, carbon monoxide, hydrogen, 2819-hydrochloric acid, magnesium hydroxide, magnesium oxide, 2821 epoxy resins, ion exchange resins, novolac resins, polyethylene resins, vinyl ester resins, 2822 styrene-butadiene latexes, 2833 choline chloride, 2841-glycerin, 2865-Bisphenol A, ethylbenzine, ethyleneimine, styrene monomer, toluene diisocyanate 2869-amines, chlorides, chloroform, dichloro-isopropyl ether, 2,2-dimethoxy propane, dioxane, epichlorohydrin, fungicides, grain & soil fumigants, glycols, herbicides, hydroxy acrylates, oxides, perchloroethylene, tetrasodium EDTA, trichloroethanes, 2873 ammonia, 2879 space fumigants, 2899 Antifreeze, 2911-benzene, butadiene, butylenes, ethylene, propylene, 3339-magnesium ingot and alloys, 3369-magnesium cast anodes.

V.3.

15) U188 - Phenol, 16) U191 - 2 -Picoline, 17) U196 - Pyridine 18) U210 - Tetrachloroethene, 19) U211 - Tetrachloromethane, 20) U220 - Toluene, 21) U221 - Toluenediamine, 22) U223 - Toluene diisocyanate, 23) U226 - 1,1,1, - Trichloroethane, 24) U227 - 1,1,2 - Trichloroethane 25) U228 - Trichloroethene, (amended on Feb. 13, 1981) 26) F004 - Spent non-halogenated solvents, cresols, and cresylic acid, nitrobenzene, and the still bottoms from the recovery of these solvents, 27) K027 - Centrifuge residue from toluene diisocyanate production, 28) K029 - Waste from the product stream stripper in the production of 1,1,1 - Trichloroethane, 29) K095 - ?, 30) K096 ?, K018 - Heavy ends from fractionation in ethyl chloride production, 32) U012 - Aniline.